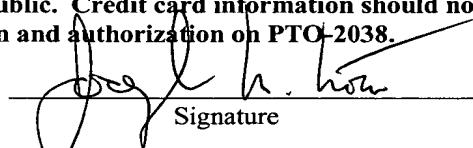




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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 20959/1651 (P 58770)
<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>September 16, 2003</u>.</p> <p>Signature: <u>Ruth R. Smith</u></p> <p>Name: Ruth R. Smith</p>		
<p>In re Application of Moszner et al.</p> <p>Application Number 10/045,358 Filed January 14, 2002</p> <p>For DENTAL MATERIALS BASED ON POLYFUNCTIONAL AMIDES</p> <p>Group Art Unit 1711 Examiner Patricia Hightower</p>		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>		
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>		
<p><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) \$ _____</p> <p><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410) \$ <u>410.00</u></p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930) \$ _____</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450) \$ _____</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970) \$ _____</p>		
<p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p>		
<p>I am the <input type="checkbox"/> applicant/inventor</p>		
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>		
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>		
<p><u>9-16-03</u></p> <p>Date</p>		 Signature Joseph M. Noto Typed or printed name
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>		

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